

Vehicle Parking Registration

PARKING STICKER #	COLOR	NOTES
-------------------	-------	-------

NAME OF EMPLOYEE: _____

Home Address: _____

Department #: _____ Department Name: _____

Home Phone #: _____ Dept. Phone #: _____ Shift: _____

VEHICLE MAKE: _____ VEHICLE MODEL: _____

YEAR OF VEHICLE: _____ COLOR: _____

LICENSE PLATE #: _____ STATE: _____

Driver's Signature _____ Date Registered w/ HFM _____

NOTICE TO DRIVER

A separate registration must be completed for each different vehicle.
Notify Switchboard at Ext 0 if this vehicle is sold.